

# POLICY BRIEF

## Issues in Rural Maternity Care Series

# 1.1

MARCH 2008

## Planning Rural Maternity Services to Meet Women's Needs

Rural Maternity Care New Emerging Team

### Background

- Rural maternity care service closures can have negative effects on health and psychosocial outcomes for mothers and infants
- Canadian physician organizations support low-risk maternity care in rural hospitals within a regionalized health care system
- Maternity care provision must become more responsive to rural women's needs

Across Canada, there has been a significant decline in the number of rural communities that provide maternity services.<sup>1-3</sup> In British Columbia alone, 20 communities have closed local services since 2000,<sup>4</sup> causing residents to seek care in referral communities, many of which are significant distances from their homes. These changing patterns of access to services may have a substantial impact on maternal and newborn health. Researchers in the rural United States have documented increased newborn morbidity and mortality due to maternity service closures.<sup>5,6</sup> In British Columbia, research reveals that, to avoid long stays in referral communities, women may delay travel until the onset of labour, choose to birth at home outside of the medical system, or request induction of labour for geographic pur-

poses.<sup>7</sup> We also have an emerging understanding of the psychosocial consequences for pregnant women, many of whom experience labour and delivery in referral communities as a crisis event fraught with anxiety, because they cannot plan for birth with any certainty.<sup>8-10</sup> Not surprisingly, these social consequences have the greatest effect on women with limited social and economic resources.

However, there is a growing body of evidence that illustrates the safety of small rural maternity services.<sup>11,12</sup> Within a regionalized system, small maternity services can offer safe care, provided there is an efficient system for transfer to specialist (surgical) services.<sup>2,11,14,15</sup> This evidence in support of rural maternity care services has given rise to a joint position paper issued by the Society of Rural Physicians of Canada, the College of Family Physicians of Canada Committee on Maternity Care, and the Society of Obstetricians and Gynaecologists of Canada, which states that rural hospitals should continue to offer maternity care services to low-risk populations within a regionalized risk management (transfer) system.<sup>16</sup>

### SUMMARY

There has been a sharp decline in the number of rural maternity care services across Canada. Health and psychosocial outcomes for newborns and mothers may suffer as a result. This policy brief provides recommendations for sustainable, local maternity care that will meet the needs of women, their families, and maternity caregivers in rural communities. These recommendations stem from an extensive program of research conducted by the Rural Maternity Care New Emerging Team at the Centre for Rural Health Research, consultations with communities, and a comprehensive review of the current international evidence base.

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## Why are maternity services closing?

- Fiscal challenges lead to the centralization of health services
- When cesarean sections are no longer available, rural maternity services close
- Recruitment, retention, support, and obstetric training for rural care providers need improvement

Why, in the face of this evidence and sanctioned policy direction, are these changes in rural maternity health services occurring? In British Columbia, the reasons for site closures include: financial pressures on regional health authorities and the apparent efficiencies of centralized services; challenges to the recruitment and retention of physicians, midwives, and nurses to rural communities; and the lack of availability of caesarean section services in small rural communities. When surgical back-up is no longer available due to care provider attrition, intrapartum services generally close.<sup>17</sup> Lesser but still important effects are the changes in rural demography reflected in decreasing numbers of resident young families and improved transportation options related to better roads.<sup>18</sup> Newly graduated generalist physicians with limited maternity skills and experience may choose an urban practice rather than face the challenges of a rural environment. As our rural care provider work force ages, staffing rural maternity services will only become more difficult unless we revalue the importance of these providers and upgrade our training programs to support rural nursing, midwifery, and comprehensive physician care, as well as professional support structures which include locum support, tailored CME activities, and practice quality improvement infrastructure. New models of interprofessional care will need to be defined and supported.

## How can we meet rural women's needs?

- Community consultation leads to relevant recommendations
- Maternity care services should meet the needs of rural women and communities

What strategies can we employ to support sustainable care in rural communities? The recommendations outlined below arise from a comprehensive literature review and studies conducted through the Rural Maternity Care New Emerging Team at the Centre for Rural Health Research. These recommendations have integrated the insights and wisdom of the care providers, administrators, and rural women who participated in our research. This community process clarifies what is needed to contribute to the sustainability of local care in rural British Columbia communities. The recommendations are based on the principle that maternity care health services should meet the needs of rural women and their families.

## Recommendations

- Establish and sustain maternity care services in rural communities, based on numbers and parity of birthing women and on the evidence for optimal population outcomes. Planners will need to consider: geographic isolation, transport issues, population demography and vulnerability, and comprehensive costing data.
- Acknowledge the risks associated with birthing in rural communities and establish partnerships with care providers, administrators, women, families, and other community members to manage risk.
- Develop support for women who must leave their communities to give birth by:

- providing appropriate accommodation for women and their support people in referral communities;
  - recognizing the importance of social support for women leaving their communities (funding for multiple escorts based on needs criteria, i.e. first time mothers);
  - providing sustained, adequate funding to Aboriginal women who must leave their communities to give birth because of pregnancy complications or lack of local services;
  - providing funding support for non-Aboriginal women who must leave their communities to give birth because of pregnancy complications or lack of local services; and
  - supporting Aboriginal liaison workers at referral hospitals.
- Support comprehensive training for rural providers (nurses, midwives, and generalist physicians) including appropriate preparation for rural maternity care.
  - Support General Practitioner (GP) Surgeons and GP Anaesthetists with policy initiatives that recognize their value and contribution to rural communities. The initiatives should include a formalized, accredited British Columbia program of GP Surgery training and skill maintenance.
  - Provide continuous professional development for local caregivers (on-site) including interdisciplinary workshops (i.e. Advanced Life Support in Obstetrics [ALSO], Advanced Labour and Risk Management [ALARM], and MORE<sup>OB</sup>).
- Support new models of collaborative practice (i.e. physician–midwife call groups) and innovative models of prenatal care and education (i.e. group visits).
  - Develop new models of remuneration for care providers that recognize the increased responsibilities of rural practice. Models should deconstruct current barriers between GPs and midwives and provide differential payment (increased financial support for first time mothers and vaginal birth after cesarean sections) or funding based on the length of attendance during active labour to supplement a basic delivery fee.
  - Evaluate the optimal use of available technology (i.e. ultrasound) in rural settings and provide necessary technologies for isolated rural communities based on population health need and vulnerability.
  - Recognize the importance of community support for parturient women during the child-bearing year through doula training programs and by acknowledging the contribution of informal labour support. This may include funding doula support for all women attempting their first vaginal birth.
  - Strengthen existing BC maternity service maternal and neonatal outcomes feedback within a quality improvement framework at hospital, catchment, regional, and provincial levels.

We believe that the thoughtful implementation of pilot projects and programs to explore the feasibility of these recommendations will move us toward providing better care for women and families of rural Canada.

## GLOSSARY

**Referral Hospital**  
A hospital offering specialist (surgical) labour and delivery services to outlying communities

**Referral Community**  
A community that has such a hospital in it

**Intrapartum Services**  
Management and delivery of maternity care to women in labour

**GP Surgeon**  
A general practitioner with enhanced skills training in surgeries relevant to a rural environment

**Parturient**  
In labour; about to give birth

The **Rural Maternity Care New Emerging Team (RM-NET)**, housed in the Centre for Rural Health Research, is a collaborative group of academic and community-based researchers, policy makers, administrators, and other key stakeholders working together to achieve a comprehensive understanding of rural maternity care services in British Columbia. The RM-NET is co-directed by Jude Kornelsen and Stefan Grzybowski and its core team includes Shelagh Levangie, Sarah Munro, Reyna Ramolete, Melanie McDonald, and Bryce Westlake.

The *Issues in Rural Maternity Care* policy brief series addresses current issues in the provision of maternity care in British Columbia and provides timely recommendations for improving the quality and safety of rural intrapartum care. Targeted at policy makers and maternity care providers, it is produced by the Rural Maternity Care New Emerging Team (RM-NET).

## Resources

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